

# UNITED STATES ARMY MWR ACADEMY

## COURSE APPLICATION

☐ Mr.  
☐ Mrs.  
☐ Ms.

NAME:

LAST

FIRST

MI

PREFERRED NAME

SSN:

PAY PLAN:

GRADE:

JOB TITLE:

PROGRAM: *(i.e. Child Dev, Clubs, Rec Center...)*

When were you assigned to this position? MONTH:

YEAR:

LENGTH OF MWR SERVICE IN YEARS:

INSTALLATION:

MACOM:

COURSE TITLE:

COURSE NUMBER:

ALTERNATE:

COURSE DATES:

ALTERNATE DATES:

COMPLETE OFFICIAL (MILITARY) MAILING ADDRESS:

PERSONAL MAILING ADDRESS:

OFFICE PHONE  
NUMBERS

DSN:  
COM:

DSN FAX:  
COM FAX:

E-MAIL:

DESCRIPTION OF CURRENT DUTIES: *(Include number of personnel and activities supervised, total APF and NAF budgets, etc. May be continued on reverse.)*

PREVIOUS MWR EXPERIENCE: *(Include past ten years. May be continued on reverse.)*

PREVIOUS MWR AND/OR COURSE RELATED TRAINING: *(Workshops, Seminars, Courses. Include course title, length & year. Be specific.)*

LEVEL OF EDUCATION: (CIRCLE HIGHEST LEVEL COMPLETED)

*High School*

*Vocational/Tech*

*Some College*

*Some Graduate School*

*College*

*Graduate School*

*Masters*

APPLICANT'S SIGNATURE:

**AUTHORIZING OFFICIAL'S** *(Typed name and title)*

**Phone:**

**E-mail:**

SIGNATURE:

DATE:

CONTINUED ON REVERSE

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SUPERVISOR'S COMMENTS: *(Comments should address accomplishments and potential.)*

*I certify that all course prerequisites listed in the course catalog have been met.*

<b>SUPERVISOR'S TYPED NAME</b>	<b>TITLE</b>	<b>GRADE</b>	<b>SIGNATURE</b>
<b>ADDRESS</b>	<b>PHONE NUMBER</b> DSN: COM:	<b>E-MAIL ADDRESS</b>	

NOTE: Additional Installation or MACOM recommendations should be completed on a separate sheet and attached to this application.

DESCRIPTION OF DUTIES/EXPERIENCE CONTINUED:

### PRIVACY ACT STATEMENT

GENERAL: This information is pursuant to Public Law 93570 (Privacy Act of 1974), for individuals completing Federal nominations for training. AUTHORITY: The Government Employees Training Act of 1958 (U.S. Code, Title 5, Sections 4101 to 4118. PURPOSES AND USES: Information on this form is used in the administration of the CFS Master Training Program. The purpose of this form is to document the nomination and selection of trainees. EFFECTS OF NONDISCLOSURE: Personal information in this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs. INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93679, SEC 7b: Disclosure by you or your Social Security Number (SSN) is mandatory to obtain the training you are seeking. Solicitation of the SSN is authorized under the provisions of Executive Order 9397, dated Nov 22, 1943. The information gathered through the use of the SSN will be used only as necessary in training administration processes carried out in accordance with established regulations. The SSN will also be used for the selection of personnel to be included in statistical studies of training management matters. The use of the SSN is made necessary because of large numbers of Federal employees who have identical names and birth dates, and whose identities can only be distinguished by the SSN.